

D-30 SUB Unincorporated Business Franchise Tax Return



2 1 0 3 0 3 S 1 0 0 0 1

Taxpayer Identification Number (TIN) Mark if: X FEIN 999999999 Mark if: X SSN

Number of business locations In DC 999 Outside dc 999

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 9999

Registered Business Name Tax period ending (MMDDYYYY) XXXXXXXXXXXXXXXXXXXXXXXXXXXX 99999999

Business Mailing address line #1 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business Mailing address line #2 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

City State Zipcode +4 XXXXXXXXXXXX XX 999999999

Mark if: X Amended Return

Mark if: X Final Return

Mark if: X Combined Report*

*You must fill in the Designated Agent info below

Mark if: X Worldwide**

**Worldwide form must be filed with this return

Designated Agent Name Designated Agent FEIN XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999

Enter dollar amounts only. If amount is zero, leave line blank; if minus, enter amount.

GROSS INCOME

Table with 3 columns: Line number, Description, Amount. Includes lines 1-11 for Gross Income.

IF LINE 11 IS \$12,000 OR LESS, YOU ARE NOT REQUIRED TO FILE THIS RETURN unless you may need Clean Hands Certification.

DEDUCTIONS

Table with 3 columns: Line number, Description, Amount. Includes lines 12-21 for Deductions.

D-30 FORM, PAGE 2



Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number 999999999

Enter dollar amounts only

TAXABLE INCOME

TAX, PAYMENTS AND CREDITS

Table with 4 columns: Line number, Description, Mark if minus, Amount. Includes lines 22-48 for taxable income and tax payments/credits.



Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number 999999999

Round cents to the nearest dollar. If an amount is zero, make no entry.

Schedule A - COST OF GOODS SOLD (See specific instructions for Line 2.)

1. Inventory at beginning of year (if different from last year's closing inventory, attach an explanation).	999999999
2. Purchases	99999999999999
Minus cost of items withdrawn for personal use	99999999999999
	Enter result here →
3. Cost of Labor.	9999999999
4. Material and supplies.	9999999999
5. Other costs (attach statement) – (Additional federal depreciation and additional IRC §179 expenses are not allowed.)	9999999999
6. Total of lines 1 through 5.	9999999999
7. Inventory at end of year.	9999999999
8. Cost of goods sold (Line 6 minus Line 7). Enter here and on D-30, Line 2.	9999999999
Method of inventory valuation used	

Schedule B - CONTRIBUTIONS AND/OR GIFTS (See specific instructions for Line 19.)

XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	TOTAL (Limited to 15% of net income – also enter on D-30, Line 19.)	9999999999

Schedule C - TAXES (See specific instructions for Line 17.)

Type of Tax	Amount	Type of Tax	Amount
TOTAL			

*

Schedule E - INTEREST EXPENSE (See specific instructions for Line 18.)

Name and Address of Payee	Amount	Name and Address of Payee	Amount
TOTAL			

*Schedule D has been deleted.

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX



Taxpayer Identification Number 99999999

Schedule F - DC apportionment factor (See instructions)		Note: If this is acombined report do not use Schedule Fto derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.	
Round cents to the nearest dollar. If an amount is zero, leave the line blank.		Carry all factors to six decimal places and truncate	
	Column 1 TOTAL	Column 2 in DC	DC Apportionment Factor
1. SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from items of non-business income.	999999999 . 00	999999999 . 00	(Column 2 divided by Column 1)
2. DC APPORTIONMENT FACTOR: Column 2 divided by Column 1. Enter on D-30, Line 28.			9 . 999999

Nature of Deduction	Amount
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
TOTAL (Also enter on D-30, Line 23.)	999999999

Nature of Income	Amount
TOTAL	

Disregarded Entity Name	TIN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999

Third Party Designee To authorize another person to discuss this return with OTR, mark here X and enter the name and phone number of that person. See instructions
Designee's name XXXXXXXXXXXXXXXXXXXX Phone number 999999999

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

PLEASE SIGN HERE
Officer's signature _____ Title _____ Date _____ Telephone number of person to contact 999999999

PAID PREPARER ONLY
Preparer's signature (If other than taxpayer) _____ Date _____ Firm name _____ Firm address _____
Preparer's PTIN 999999999
If you want to allow the prepare to discuss this return with the Office of Tax and Revenue, mark here X

Email Address
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX



Taxpayer Identification Number 999999999

Schedule I - BALANCE SHEETS (See Instructions.)		Beginning of Taxable Year		End of Taxable Year	
		(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS	1. Cash				
	2. Trade notes and accounts receivable				
	(a) MINUS: Allowance for bad debts				
	3. Inventories				
	4. Gov't obligations: (a) U.S. and its instrumentalities				
	(b) States, subdivisions thereof, etc.				
	5. Other current assets (attach statement)				
	6. Mortgage and real estate loans				
	7. Other investments (attach statement)				
	8. Buildings and other fixed depreciable assets				
(a) MINUS: Accumulated depreciation					
9. Depletable assets					
(a) MINUS: Accumulated depletion					
10. Land (net of any amortization)					
11. Intangible assets (amortizable only)					
(a) MINUS: Accumulated amortization					
12. Other assets (attach statement)					
13. TOTAL ASSETS					
LIABILITIES AND CAPITAL	14. Accounts payable				
	15. Mortgages, notes, bonds payable in less than 1 year				
	16. Other current liabilities (attach statement)				
	17. Mortgages, notes, bonds payable in 1 year or more				
	18. Other liabilities (attach statement)				
	19. Capital stock				
	20. TOTAL LIABILITIES AND CAPITAL				

Schedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)

Col. 1		Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Name and Address of Owner(s)/ Member(s)		Percentage of Time Devoted to this Business	Percentage of Ownership	Salary Claimed	Exemption Claimed	Net Loss DC Sources	Net Income (or Loss) from Outside DC	Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Cols. 4 thru 7)
XXXXXXXXXXXXXXXXXX		999999999	999 %	999%	9999999	9999999	9999999	999999999
XXXXXXXXXXXXXXXXXX		999999999	999	999	9999999	9999999	9999999	999999999
XXXXXXXXXXXXXXXXXX		999999999	999	999	9999999	9999999	9999999	999999999
XXXXXXXXXXXXXXXXXX		999999999	999	999	9999999	9999999	9999999	999999999
XXXXXXXXXXXXXXXXXX		999999999	999	999	9999999	9999999	9999999	999999999
TOTAL								
Col. 4 - See Instructions.				Enter total taxable income as shown on Line 34 of D-30.				999999999
Col. 5 - See Instructions.				Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30)				999999999
Col. 6 - Any loss amount from Line 31 of D-30.								
Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.								

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number 999999999

SUPPLEMENTAL INFORMATION

Table with 3 columns: 1. During 2021, has the Internal Revenue Service made or proposed any adjustments to your federal income tax returns... 2. PRINCIPAL BUSINESS ACTIVITY 3. DATE BUSINESS BEGAN 4. IF BUSINESS HAS TERMINATED, STATE REASON 5. TERMINATION DATE 6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.)

7. Place where federal income tax return for period covered by this return was filed:

8. Name(s) under which federal return for period covered by this return was filed:

9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2021? Yes No If no, please state reason:

10. Is this return reported on the accrual basis? Yes No If no, fill in the method used: Cash basis Other (specify)

11. Did you withhold DC income tax from the wages of your DC employees during 2021? Yes No If no, state reason:

12. Did you file a franchise tax return for the business with the District of Columbia for the year 2020? Yes No If no, state reason: If yes, enter name under which return was filed:

13. Does this return include income from more than one business conducted by the taxpayer? Yes No (If yes, list businesses and net income (loss) of each.)

14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return? Yes No (If yes, list names and addresses of the other businesses.)

15. (a) Is this business unitary with a partnership or another corporation? Yes No If yes, explain:

(b) Is this business unitary with a combined group? Yes No If yes, explain:

16. Did you file an annual ballpark fee return? Yes No